**Dr NAI'M M MOOLA**
Integrative **Psychiatrist**
**BMedSc, MBChB, FCPsych(SA), MMedPsych(UP)**
**PR: 0343285**

# Billing policy of Dr Nai'm M Moola: Integrative Psychiatrist

1. This practice charges the fees it regards as appropriate in terms of the experience, services and training of the professional working in the practice, as well as the cost-base of the practice. Competition law dictates that different practices may not agree to charge the same or similar fees.

2. A general fee list of the most common codes we charge is available from reception and published on our website: www.drnmmoola.co.za

3. Fees may be increased on an annual basis and patients will be notified of this by notice in practice of phone calls before new consultations.

4. The practice will provide patients with a price of goods and/or services, and where it is unable to do so, it will provide a cost estimate. It should be noted that healthcare is not an exact numerical science, and the duration of services, the types of services or the number of items used cannot always be exactly predicted in advance, as it depends on the specific patient's health status, healthcare needs and sometimes factors such as weight, or possible adverse reactions.

5. In case of referral, hospitals, clinics, other doctors, or other healthcare professionals (occupational therapists, psychologists, physiotherapists, nutritionists) will be involved in the patient's healthcare. Such facilities and professionals will charge their own fees in addition to the fees of this practice if they also render healthcare services to you.

6. The practice is not contracted to medical aid schemes and will not bill the scheme directly. All accounts are to be settled before the consultation on the day and invoices to be submitted by the patient to their medical aid.

7. Please ensure that the practice always have your latest contact details to prevent you from missing any important communication from us.

8. Patients are encouraged to approach me early on if they experience problems with the payment of their consultation.

9. In deserving cases, I may reduce our fees to accommodate such patients. This practice also participates in various charitable activities (South African Depression and Anxiety Group: SADAG)

10. Employment, insurance, Road Accident Fund and Compensation Fund (workplace injuries/disease) are not the scope of this practice and no reporting to third parties will be entertained.

_____
Name of patient

_____ _____ _____
Signature of patient / parent / guardian Date Signature: Witness
confirming that s/he understood and agrees to the above

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# List of Services and Prices 2025

| | |
|---|---|
| Prescriptions: | R250 |
| 60min First App.: | R4250 |
| 80min First App.: | R5000 |
| 20min Follow-up App.: | R1400 |
| 40min Follow-up App.: | R2450 |
| 60min Follow-up App.: | R3500 |

_____
Name of patient

_____ _____ _____
Signature of patient / parent / guardian confirming that s/he understood and agrees to the above | Date | Signature: Witness